

AUDIT REPORT TRANSMITTAL FORM

TO: Department of Administration
Local Government Services Bureau
301 South Park Avenue, Room 340
P.O. Box 200547
Helena, MT 59620-0547

FROM: _____
(Name of CPA Firm)

(Location)

We have included 4 copies of the audit report with this transmittal.

Entity audited: _____

Fiscal year(s) covered by audit: _____

Actual hours involved in conducting audit:

Total audit fee billed to entity: \$

Opinion date of audit report:

Date exit review conference held: _____

Date **final** audit report delivered to entity: _____

This audit **WAS** / **WAS NOT** (circle one) performed in accordance with OMB Circular A-133.

Check any of the following that apply:

- ☐ **No audit findings** are presented in this audit report.
- ☐ Audit findings, **along with the entity's response**, are presented in this audit report.
- ☐ Audit findings are presented in this audit report, but the **entity's response is NOT included**.
- ☐ A **management letter** with (additional) audit findings has been issued in conjunction with this audit.
We have enclosed 4 copies of this management letter with copies of the audit report.

The **entity's response** to any findings in the management letter **IS / IS NOT** (circle one) included with this transmittal.